



Social Justice Tribunals Ontario
Providing fair and accessible justice
Human Rights Tribunal of Ontario

**Application under Section 34(5) of the
Human Rights Code
– Application on Behalf of Another Person
Form 27**

Part A: Your Name and Contact Information (Person)

First (or Given) Name <i>Paula</i>		Last (or Family) Name <i>Klee</i>		
Street Number <i>1807</i>	Street Name <i>Marquis Avenue</i>		Apt/Suite	
City/Town <i>Gloucester</i>	Province <i>ON</i>	Postal Code <i>K1J 8L5</i>	Email <i>mamacecile76@gmail.com</i>	
Daytime Phone	Cell Phone <i>613-618-6654</i>	Fax	TTY	

Part B: Your Name and Contact Information (Organization)

Name of Organization				
First (or Given) Name		Last (or Family) Name		
Street Number	Street Name		Apt/Suite	
City/Town	Province	Postal Code	Email	
Daytime Phone	Cell Phone	Fax	TTY	

Part C: Name and Contact Information of the Person Who is Consenting to having the Application brought on their behalf

First (or Given) Name <i>Kelly St. Germain</i>		Last (or Family) Name <i>St. Germain</i>		
Street Number <i>129</i>	Street Name <i>Sherbrooke Ave</i>		Apt/Suite <i>2</i>	
City/Town <i>Ottawa</i>	Province <i>Ont</i>	Postal Code <i>K1Y 1S1</i>	Email	
Daytime Phone	Cell Phone	Fax <i>866-544-9981</i>	TTY	

☒ Check here if you do not want the Tribunal to share this contact information with others.



Part D: Consent to a Section 34(5) Application

I, Kelly St. Germain
(name of person consenting)

consent to Paula Klee
(name of person or organization making application on behalf of you)

making an application to the Human Rights Tribunal of Ontario on my behalf.

Print Name:

Kelly-Anne St Germain

Signature:

[Signature]

Date: (dd/mm/yyyy)

25/08/2017

☐ Please check this box if you are filing your Application electronically. This represents your signature. You must fill in the date, above.

Part E: Signature of Person or Organization bringing the Application

By signing my name, I declare that, to the best of my knowledge, the information that is found in this form is complete and accurate.

(Check the following statement if you filled out Part B. If you filled out Part A then leave the box blank.)

☐ I declare that I have authority to bind the organization listed in Part B.

Name:

Signature:

Date: (dd/mm/yyyy)

☐ Please check this box if you are filing your Application electronically. This represents your signature. You must fill in the date, above.

Freedom of Information and Privacy

The Tribunal may release information about an Application in response to a request made under the *Freedom of Information and Protection of Privacy Act*. Information may also become public at a hearing, in a written decision, or in accordance with Tribunal policies. At the request of the Commission, the Tribunal must provide the Commission with copies of applications and responses filed with the Tribunal and may disclose other documents in its custody or control.



Human Rights Tribunal of Ontario

Application under Section 34 of the Human Rights Code (Form 1)

Instructions: Complete all parts of this form, using the Applicant's Guide for help. If your form is not complete, the Tribunal may return it to you. This will slow down the application process. At the end of this form, you will be required to read and agree to a declaration that the information in your Application is complete and accurate (if you are a lawyer or legal representative assisting an applicant with this Form 1, please see the **Practice Direction On Electronic Filing of Applications and Responses By Licensed Representatives**).

Contact Information for the Applicant

1. Personal Contact Information

☒ Check here if you are filing an Application on Behalf of Another Person. **Note:** you must *also* complete a Form 4A, Form 4B or Form 27, whichever is applicable, see Instructions above.

Please give us your personal contact information. This information will be shared with the respondent(s) and all correspondence from the Tribunal and the respondent(s) will go here. If you do not want the Tribunal to share this contact information, you should complete section 2, below, but you must still provide your personal contact information for the Tribunal's records.

*First Name	Middle Name	*Last Name	
Kelly	A.	St. Germain	
Street #	Street Name	Apt/Suite	
129	Sherbrooke Avenue	2	
City/Town	Province	Postal Code	Email
Ottawa	Ontario	K1Y 1S1	
Daytime Phone (e.g. 999-999-9999)	Cell Phone (e.g. 999-999-9999)	Fax (e.g. 999-999-9999)	TTY (e.g. 999-999-9999)
	613-218-0465	866-544-9981	

What is the best way to send information to you?

(If you check email, you are consenting to delivery of documents by email)

☐ Mail

☐ Email

☒ Fax



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2. Alternative Contact Information

If you want the Tribunal and respondent(s) to contact you through another person, you must provide contact information for that person below. You should fill this section out if it will be difficult for the Tribunal to reach you at the address above or if you want the Tribunal to keep your contact information private. **If you complete this section, all of your correspondence will be sent to you in care of your Alternative Contact.**

First (or Given) Name

Middle Name

Last (or Family) Name

Street #

Street Name

Apt/Suite

City/Town

Province

Postal Code

Email

Ontario

Daytime Phone (i.e. 999-999-9999)

Cell Phone (i.e. 999-999-9999)

Fax (i.e. 999-999-9999)

TTY (i.e. 999-999-9999)

What is the best way to send information to you at your alternative contact?

(If you check email, you are consenting to delivery of documents by email)

☐ Mail

☐ Email

☒ Fax

3. Representative Contact Information

Complete this section only if you are authorizing a lawyer or another Representative to act for you.

☒ I authorize the named organization and/or person to represent me

My representative is:

☐ Lawyer LSUC#

☒ Paralegal LSUC# P06406

☐ Legal Support Centre

☐ Other- please specify the Nature of Exemption from licensing requirements in the text below:

Nature of Exemption (e.g. family member, unpaid friend)



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Please choose the type of Representative: ☐ A) Organizational Representative ☒ B) Individual Representative

B) Individual Representative

First (or Given) Name		Middle Name	Last (or Family) Name	
		Jane	Scharf	
Street #	Street Name			Apt/Suite
249	Presland Rd			
City		Province	Postal Code	Email
Ottawa		Ontario	K1K 2B6	mjslegalservices@outlook.com
Daytime Phone (i.e. 999-999-9999)		Cell Phone (i.e. 999-999-9999)	Fax (i.e. 999-999-9999)	TTY (i.e. 999-999-9999)
		613-884-9065	866-544-9981	

What is the best way to send information to your representative?
(If you check email, you are consenting to delivery of documents by email)

☐ Mail ☒ Email ☐ Fax

Contact Information for the Respondent(s)

4. Respondent Contact Information

Provide the name and contact information for any respondent against which you are filing this Application.

Please choose the type of respondent: ☒ A) Organization Respondent ☐ B) Individual Respondent

A) Organization Respondent

Name the organization you believe discriminated against you. You should also indicate the contact person from the organization to whom correspondence can be addressed.

Full Name of Organization
Ontario Society for the Prevention of Cruelty to Animals



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Name of the Contact Person from the Organization

First (or Given) Name

Last (or Family) Name

Title

Mikaela

McCormack

Agent #1780
S.P.C.A.

Street #

Street Name

Apt/Suite

53

Community Road

City/Town

Province

Postal Code

Email

Napanee

Ontario

K7R 3L1

Daytime Phone (i.e. 999-999-9999)

Cell Phone (i.e. 999-999-9999)

Fax (i.e. 999-999-9999)

TTY (i.e. 999-999-9999)

613-310-7722

Are there any additional respondents? ☐ Yes ☐ No

Grounds of Discrimination

5. Grounds Claimed

The Ontario Human Rights Code lists the following grounds of discrimination or harassment. Put an "X" in the box beside each ground that you believe applies to your Application. You can check more than one box.

- ☐ Race
- ☐ Colour
- ☐ Ancestry
- ☐ Place of Origin
- ☐ Citizenship
- ☐ Ethnic Origin
- ☒ Disability
- ☐ Creed
- ☐ Sex, Including Sexual Harassment and Pregnancy
- ☐ Sexual Solicitation or Advances
- ☐ Sexual Orientation
- ☐ Gender Identity
- ☐ Gender Expression
- ☐ Family Status
- ☐ Marital Status
- ☐ Age
- ☐ Receipt of Public Assistance (Note: This ground applies only to claims about Housing)
- ☐ Record of Offences (Note: This ground applies only to claims about Employment)



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- ☐ Association with a Person Identified by a Ground Listed Above
- ☐ Reprisal or Threat of Reprisal

Areas of Discrimination under the Code

6. Area of Alleged Discrimination

The Ontario *Human Rights Code* prohibits discrimination in five areas. Put an "X" in the box beside the area where you believe you have experienced discrimination (choose one). Read the [Applicant's Guide](#) for more information on each area.

- ☐ Employment (Complete Form 1-A)
- ☐ Housing (Complete Form 1-B)
- ☒ Goods, Services and Facilities (Complete Form 1-C)
- ☐ Contracts (Complete Form 1-D)
- ☐ Membership in a Vocational Association (Complete Form 1-E)

Does your Application involve discrimination in other areas? ☐ Yes ☒ No

If "Yes", put an "X" in the box beside any other area where you believe you experienced discrimination:

- ☐ Employment ☐ Housing ☒ Goods, Services or Facilities ☐ Contracts ☐ Vocational Association

Facts that Support Your Application

7. Location and Date (see [Applicant's Guide](#))

Please answer the following questions.

a) *Did these events happen in Ontario? ☒ Yes ☐ No

b) In what city/town? Ottawa

c) *What was the date of the last event?
(dd/mm/yyyy) 24/08/ 2017

d) If you are applying more than one year from the last event, please explain why:

8. What Happened

*In the space below, describe each event you believe was discriminatory.

For each event, be sure to say:

- **What** happened
- **Who** was involved
- **When** it happened (day, month, year)
- **Where** it happened

Be as complete and accurate as possible. Be sure to give details of every incident of discrimination you want to raise in the hearing.

I was visited on August 10, 2017 by Mikaela McCormack, an agent of the S.P.C.A. investigating a concern about my service dog's general welfare after an anonymous complaint received by the public claimed that I was "dragging my dog", and that she had a noticeable limp. The complaint further entailed that my dog was in considerable pain.

I had explained to her that Lucy's limp was recent and that I did not know the cause. I explained to her that I suffer from autism, as well as other physical limitations. I use ankle braces and a walker for mobility, and had told her that Lucy is registered as my service dog; as she was medically recommended for me by my physician. Lucy wears a red service vest, which she wears regularly. She is micro-chipped and wears registration tags.

She yelled at me and served me with a compliance order demanding that I take Lucy for immediate veterinary examination to address concerns with the limping on her hind leg. She did not explain to me what my rights were, or whether there were any legal assistance available to me. She did not allow me extra time to have somebody interpret the context of the order she had served me with. She did not care that I was disabled nor that I need any supports or assistance as I had requested for extra time to seek supports to understand the complexity of what was happening; and how it would affect myself and my dog.

She gave me less than 24 hours to comply with the order despite me begging her for a reasonable amount of time so that I could connect with supports and resources to get assistance with this. I believe the application of the order was discriminatory because it didn't allow any accommodation for my disability. I suffer from autism; therefore I need more time to process and act on information. As well, I have a severe mobility handicap which makes tasks take more time.

She returned the following day, August 11th, 2017 to confirm whether or not the required action on the compliance order was taken. I had told her that I was in fact trying to reach supports, but was unsuccessful thus far, but was continuing to try to comply with the order. She then stated that the order had expired and stated that it was "past that point". She was now adamant on obtaining a warrant to enter my home to seize my dog with the police, if needed.

When I refused to relinquish the dog to her, she then grabbed my arm and tried to pull me. I would have fallen, but I was holding onto my walker at the time. I walked away on foot with Lucy until I could reach somebody to bring us to a place of safety.

I have since been in hiding with Lucy. I did try to speak with a lawyer initially through the legal aid consultation, however, I was told that I didn't qualify under the circumstances unless I was criminally charged.

I have always been in compliance with the order. I was able to take Lucy to a veterinarian. After the examination, he suggested it was possible the dog was suffering from an anterior cruciate ligament injury. He prescribed her Meloxicam for inflammation and pain and suggested complete rest and observation on the injury looking for improvements or not. I have been observing Lucy's treatment plan diligently.

My legal representative Jane Scharf and my advocate Paula Klee are in the process of having the warrant to apprehend my dog revoked because the dog is no longer in distress as described on the compliance order: as the required action has been taken. Steps were taken to relieve Lucy of distress as she has been examined by a veterinarian and he has assessed her general health and the limp. The vet told me that Lucy is in good health and has an ACL injury (ligament). This injury is the most common knee injury in dogs which causes limping and that sometimes this does not heal. The rottweiler breed is prone to this type of injury. The vet states that Lucy requires at least 3 weeks rest and anti-inflammatories. As well the litter box has been changed in my apartment so there is no longer a smell of cat urine.



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The S.P.C.A. has put a press release out that villainizes me, which does not mention that I have autism, 2 braces, and a walker. They further villainize me by claiming that I was refusing to comply with their order to have Lucy seen by a vet. For no reason whatsoever, they make the outrageous claim that I may be "trying to sell the dog on social media". The S.P.C.A. agent knew that I have disabilities, that Lucy is a real service dog, and that I was bending over backwards to comply with their order.



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The Effect on You

9. How the Events You Described Affected You

*Tell us how the events you described affected you. What was the effect (e.g. were there financial, social, emotional or mental health, or any other)?

Her tone was very mean. She invaded my space and was very intimidating. She was yelling at me and had grabbed me on the arm and pulled me quite hard. She treated me as though I was a criminal. She treated me as though I wasn't capable of caring for Lucy. She put me in a state of severe anxiety and emotional distress. I am afraid to return home until this situation is resolved. I am living in hiding and in fear because her actions and way of treating me during this ordeal. I feel extremely intimidated by the s.p.c.a. and society as a result. I am suffering further emotional hardships and fear now that the s.p.c.a. is further discriminating against me by calling on the public with false implications and misrepresentations about my character through the media.

The Remedy

10. The Remedy You are Asking For (see Applicant's Guide)

Put an "X" in the box beside each type of remedy you are asking the Tribunal to order. Explain why you are asking for this remedy in the space below.

☒ Monetary Compensation

Enter the Total Amount \$5,000

Explain below how you calculated this amount:

\$5000 for pain and suffering for myself and my dog.

☐ Non-Monetary Remedy-Explain below:

☒ Remedy for Future Compliance (Public Interest Remedy)-Explain below:

I want them to leave me alone.



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Mediation

11. Choosing Mediation to Resolve Your Application

Mediation is one of the ways the Tribunal tries to resolve disputes. It is a less formal process than a hearing. Mediation can only happen if both parties agree to it. A Tribunal Member will be assigned to mediate your Application. The Member will meet with you to talk about your Application. The Member will also meet with the respondent(s) and will try to work out a solution that both sides can accept. If Mediation does not settle all the issues, a hearing will still take place and a different Member will be assigned to hear the case. Mediation is confidential.

Do you agree to try mediation?

☒ Yes

Other Legal Proceedings

12. Civil Court Action (see Applicant's Guide)

Note: If you answer "Yes" to any of these questions, you must send a copy of the statement of claim that started the court action.

*a) Has there been a court action based on the same facts as this Application?

☐ Yes (Answer 12b)

☒ No (Go to 13)

13. Complaint Filed with the Ontario Human Rights Commission (see Applicant's Guide)

Note: If you answer "Yes", you must attach a copy of the complaint.

*Have you ever filed a complaint with the Commission based on the same facts as this Application?

☐ Yes

☒ No

14. Other Proceeding - in Progress (see Applicant's Guide)

Note: If you answer "Yes" to question "14a" you must attach a copy of the document that started the other proceeding.

*a) Are the facts of this Application part of another proceeding that is still in progress?

☐ Yes
(Answer 14b)

☒ No (Go to 15)

b) Describe the other proceeding:

☐ A union grievance Name of Union:



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☐ A claim before
another board,
tribunal or agency

Name of board,
tribunal, or agency:

☐ Other

Explain what the
other proceeding is:

*c) Are you asking the Tribunal to defer (postpone) your Application until the other proceeding is completed? ☐ Yes

☒ No

15. Other Proceeding - Completed (see Applicant's Guide)

Note: If you answer is "Yes" to question "15a" you must attach a copy of the document that started the other proceeding and a copy of the decision from the other proceeding.

*a) Were the facts of this Application part of some other proceeding that is now completed?

☐ Yes (Answer
Question 15b)

☒ No (Go to 16)

b) Describe the other proceeding:

☐ A union grievance Name of Union:

☐ A claim before
another board,
tribunal or agency

Name of board,
tribunal, or agency:

☐ Other

Explain what the
other proceeding is:

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☐ A union grievance Name of Union:

☐ A claim before another board, tribunal or agency Name of board, tribunal, or agency:

☐ Other Explain what the other proceeding is:

c) Explain why you believe the other proceeding did not appropriately deal with the substance of this Application.

Documents that Support this Application

16. Important Documents You Have

If you have documents that are important to your Application, list them here. List only the most important. Indicate whether the document is privileged. See the [Applicant's Guide](#).

Note: You are not required to send copies of these documents at this time. However, if you decide to attach copies of the documents you list below to your Application they will be sent to the other parties to the Application along with your Application.

Document Name	Why It is Important to My Application
compliance order dated August 10, 2017	It outlines the time frame under which I had to comply.
Receipt for veterinary services for Lucy	It shows I did due diligence.
Report from Dr. Waller, Veterinarian, August 23, 2017	It verifies that I have been in compliance with presenting Lucy to a veterinarian for emergency care.



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2 telewarrants dated 12th August 2017 (Animal in distress)	It shows how intimidating S.P.C.A. became
S.P.C.A. Press Release Date August 24, 2017	It shows that the S.P.C.A. villainized me, and negated my disability.

Add more Documents

17. Important Documents the Respondent(s) Have

If you believe the respondent(s) have documents that you do not have that are important to your Application, list them here. List only the most important.

Document Name	Why It is Important To My Application	Name of Respondent Who Has It
Any reports made on the incident	because it will confirm that there was no accommodation for my disability provided.	Mikaela McCormack

Add more Documents

18. Important Documents Another Person or Organization Has

If you believe another person or organization has documents that you do not have that are important your Application, list them here. List only the most important.

Document Name	Why it is Important to my Application	Name of Person or Organization who has it

Add more Documents



Ontario

Human Rights Tribunal of Ontario

2 telewarrants dated
12th August 2017 (Animal
In distress)

S.P.C.A. Press Release Date August 24, 2017

It shows how intimidating
S.P.C.A. became

It shows that the S.P.C.A. villainized me, and negated my
disability.

Add more Documents

17. Important Documents the Respondent(s) Have

If you believe the respondent(s) have documents that you do not have that are important to your Application, list them here.
List only the most important.

Document Name	Why It is Important To My Application	Name of Respondent Who Has It
Any reports made on the incident	because it will confirm that there was no accommodation for my disability provided.	Mikaela McCormack

Add more Documents

18. Important Documents Another Person or Organization Has

If you believe another person or organization has documents that you do not have that are important your Application, list
them here. List only the most important.

Document Name	Why it is Important to my Application	Name of Person or Organization who has it

Add more Documents



Human Rights Tribunal of Ontario

Confidential List of Witnesses

19. Witnesses

Please list the witnesses that you intend to rely on in the hearing. **Note:** The Tribunal will not send this list to the respondent(s). (see [Applicants Guide](#))

Name of Witness	Why This Witness Is Important To My Application
Douglas Palmer	He was present during the incident on August 11th when they returned to apprehend the dog He can also confirm the care that I give to the animal.
Paula Klee	She can confirm the care that I give to the animal, and can confirm that I made a diligent effort to comply with the order.

Add more Witnesses

Other Important Information

20. Other Important Information the Tribunal Should Know

Is there any other important information you would like to share with the Tribunal?

- * I suffer from autism, and epilepsy
- * I was severely injured at the age of 16 from a car accident which resulted in the need for ankle braces and a walker. I cannot walk without them.
- * Lucy is a service dog. A service dog was medically recommended for me by my physician, Lucy is registered and micro-chipped, and I receive a special allowance from O.D.S.P. in the amount of \$80.per month. I also have a transit pass which entitles Lucy to travel with me.

Checklist of Required Documents

22. Other Documents from Questions 12 to 15

Confirm whether you are sending the Tribunal any of the following documents:

- ☐ A copy of a statement of claim (from Question 12)
- ☐ A copy of a complaint filed with the Ontario Human Rights Commission (from Question 13)
- ☐ A copy of a document that started another proceeding based on these facts (from Question 14 or 15)
- ☐ A copy of a decision from another proceeding based on these facts (from Question 15)



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Checklist of Required Documents

22. Other Documents from Questions 12 to 15

Confirm whether you are sending the Tribunal any of the following documents:

- ☐ A copy of a statement of claim (from Question 12)
- ☐ A copy of a complaint filed with the Ontario Human Rights Commission (from Question 13)
- ☐ A copy of a document that started another proceeding based on these facts (from Question 14 or 15)
- ☐ A copy of a decision from another proceeding based on these facts (from Question 15)

Application to the Human Rights Tribunal of Ontario Area of Discrimination: Goods, Services and Facilities (Part 1-C)

Note: Complete this form if you believe you were discriminated against in the area of goods, services and facilities.

PART I

Questions About the Service, Good or Facility

C1. Put an "X" beside the point that best describes the service, good or facility that this Application is based on.

- ☐ Income support
- ☐ Store
- ☐ Education & training
- ☐ Theatre
- ☒ Police services
- ☐ Insurance
- ☒ Medical/health services
- ☐ Public transportation
- ☐ Sporting or other recreational facility
- ☐ Retail
- ☒ Government, please describe:

S.P.C.A. Investigation

Declaration and Signature

23. Declaration and Signature

Instructions: Do not sign your Application until you are sure that you understand what you are declaring here.

Declaration:

To the best of my knowledge, the information in my Application is complete and accurate.

I understand that information about my Application can become public at an open hearing, in a written decision, or in other ways determined by Tribunal policies that balance transparency in the justice system and privacy interests of participants.

I understand that the Tribunal must provide a copy of my Application to the Ontario Human Rights Commission on request.

I understand that the Tribunal may be required to release information requested under the Freedom of Information and Protection of Privacy Act (FIPPA).

I understand that the Tribunal makes all of its Decisions and Case Assessment Directions available to the public, including the media on request, and that the Tribunal also makes its decisions available to the public on the websites of the Canadian Legal Information Institute (www.CanLii.org). I also understand that the Tribunal may issue decisions that protect the identity of an applicant, a respondent or a witness in certain circumstances.

***Signature Date (dd/mm/yyyy)**

25/08/2017



☐ *Please check this box if you are filing your Application electronically. This represents your signature. You must fill out the date, above.

Accommodation Required

If you require accommodation of Code-related needs please contact the Registrar at:

Email: HRTO.Registrar@ontario.ca

Phone: 416-326-1519 Toll-free: 1-866-598-0322

Fax: 416-326-2199 Toll-free: 1-866-355-6099

TTY: 416-326-2027 Toll-free: 1-866-607-1240

Note: Only file your Application once. If the Tribunal receives your application more than once, it will only accept the first Application Form received.

Submit to HRTO

Print Form

Date: August 10, 2017
Time: 11:29 a.m.



Case Number: 08005-20170810-05
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ONTARIO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS
ORDER TO THE OWNER OR CUSTODIAN OF THE ANIMAL(S)

MADE UNDER THE ONTARIO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS ACT, R.S.O. 1990
CHAPTER 0.36 (THE "ACT")

To: Name: Kelly Anne STE-GERMAINÉ
Address: 1091 Sherbrooke Ave, Unit 2
City/Town: Ottawa, ONT
Postal Code: _____

REGARDING THE ANIMAL(S) DESCRIBED BELOW:

One (1) Rottweiler type dog, tan/black, known as "Lucy"

In accordance with the authority contained in subsection 13(1) of the Act, you are hereby ordered to take the following action to relieve the animals' distress:

- ☐ 1. If the dog is to be kept outside, it must be given a doghouse large enough for the dog to stand up, sit down, turn around and stretch out to the fullest extent of its limbs. The doghouse must be weatherproof with an interior windbreak and/or exterior flap. The doghouse must face away from the prevailing wind and must be elevated off the ground.
- ☐ 2. The doghouse must be insulated.
- ☐ 3. If the dog is kept tethered, it must be provided with a running line, chain or leash which will permit unrestricted movement into the doghouse and for the distance of not less than meters from the doghouse.
- ☒ 4. Have the animal examined by a veterinarian with special attention to: hind leg, overall general health/wellbeing, pain
- ☒ 5. Follow the treatment recommendations of the veterinarian consulted. Provide the investigating officer with a written report from the veterinarian outlining the examination findings, and the treatments recommended and undertaken.
- ☐ 6. Clean, potable water must be provided in a spill proof container at all times.
- ☒ 7. provide adequate and appropriate ventilation within home to reduce odour of ammonia

THE ABOVE ORDER SHALL BE COMPLIED WITH BY:
(Time and Date)

August 11th 2017 @ 9:00am

IF THIS ORDER IS NOT COMPLIED WITH, THE ANIMAL(S) MAY BE REMOVED BY THE ONTARIO SPCA IN ORDER TO PROVIDE THEM WITH CARE AT THE EXPENSE OF THE OWNER/CUSTODIAN. THE ANIMAL(S) SHALL NOT BE REMOVED, SOLD OR OTHERWISE DISPOSED OF BY THE OWNER/CUSTODIAN WITHOUT THE CONSENT OF THE INSPECTOR/AGENT. THIS ORDER SHALL REMAIN IN FORCE UNTIL SUCH TIME AS IT IS MODIFIED OR REVOKED.

Inspector/Agent:
Phone Number:
Address:

M. McCormack Badge Number: 1780
310-7723
53 Community Rd, Nepean, ONT

M. McCormack
Inspector/Agent Signature

TELEWARRANT (ANIMAL IN DISTRESS) TÉLÉMANDAT (ANIMAL EN DÉTRESSE)

Form 6 / Formulaire 6

COPY

Pursuant to Subsection 12(2) of the Ontario Society for the Prevention of Cruelty to Animals Act, R.S.O. 1990, Chapter O.36
en vertu du paragraphe 12 (2) de la Loi sur la Société de protection des animaux de l'Ontario, L.R.O. 1990, Chapitre O.36

ONTARIO COURT OF JUSTICE
COUR DE JUSTICE DE L'ONTARIO
PROVINCE OF ONTARIO
PROVINCE DE ONTARIO

East

(Region / région)

To / À Mikaela McCormack

(Inspectors or Agents of the Ontario Society for the Prevention of Cruelty to Animals /
Inspecteurs ou agents de la Société de protection des animaux de l'Ontario)

Whereas, it appears on the information upon the oath of
Attendu que, sur la foi de la déposition faite sous serment de

Mikaela McCormack

(Name of Informant / nom du dénonciateur)

I am satisfied that there are reasonable grounds for believing that there is an animal in distress in the building or place located at
je suis convaincu(e) qu'il existe des motifs raisonnables de croire qu'un animal en détresse se trouve dans le bâtiment ou lieu situé à/au

129 Sherbrooke Avenue, Unit #2, in the City of Ottawa, in the Province of Ontario

(Address / adresse)

hereinafter called the premises. / ci-après appelés « les lieux ».

This is therefore to authorize you, either alone or accompanied by one or more veterinarians or other persons as you consider
advisable, to enter between the hours of 2:45 PM AND 8:59 PM into the said premises and to inspect the premises
and all animals found therein for the purpose of ascertaining whether there is any animal in distress.

Pour ces motifs, la présente a pour objet de vous autoriser, soit seul(e), soit accompagné(e) d'un ou de plusieurs vétérinaires ou autres
personnes, selon ce que vous jugez utile, à pénétrer entre les heures _____ de _____ ans les lieux
susmentionnés, à les inspecter et à examiner tous les animaux qui s'y trouvent afin de déterminer s'il s'y trouve un animal en détresse.

This Warrant expires on the 12th at 8:59 PM day of August, 2017

Ce mandat expire le _____ 20 _____

Dated at 1:45 PM / NEW YORK, this 12th day of August, 2017

Décerné à _____ le _____ 20 _____ à _____ (Lieu)
(Time / heure)


FELIX MORA
JUSTICE OF THE PEACE
IN AND FOR THE PROV. OF ONT.
A Judge or Justice of the Peace in and for the Province of Ontario / Juge ou juge de paix de la province de l'Ontario

To the occupant: This warrant was issued by telecommunication. If you wish to know the basis on which it was issued you may apply to the
clerk of the Ontario Court of Justice at _____ to obtain a copy of the sworn information. You are entitled to obtain
from the clerk a copy of the report filed by the provincial offences officer who executes this warrant. The report will list things, if any, that
were seized and state where they are being held.

À l'occupant : Le présent mandat a été décerné par télécommunication. Si vous souhaitez connaître les raisons pour lesquelles ce
mandat a été décerné, vous pouvez présenter une demande au greffier de la Cour de justice de l'Ontario à _____
en vue d'obtenir une copie de la dénonciation sous serment. Vous pouvez aussi obtenir auprès du greffier une copie de l'apport déposé par
l'agent des infractions provinciales chargé de l'exécution du présent mandat. Le rapport donnera la liste des choses qui ont été saisies, le cas
échéant, et précisera l'endroit où elles sont conservées.

TELEWARRANT (ANIMAL IN DISTRESS) TÉLÉMANDAT (ANIMAL EN DÉTRESSE)

Form 6 / Formule 6

Copy

Pursuant to Subsection 12(2) of the *Ontario Society for the Prevention of Cruelty to Animals Act, R.S.O. 1990, Chapter. O.36*
en vertu du paragraphe 12 (2) de la *Loi sur la Société de protection des animaux de l'Ontario, L.R.O. 1990, Chapitre O.36*

ONTARIO COURT OF JUSTICE
COUR DE JUSTICE DE L'ONTARIO
PROVINCE OF ONTARIO
PROVINCE DE ONTARIO

East

(Region / région)

To / A Mikaela McCormack, OSPCA - Investigator(s) and Peace Officer(s)

(Inspectors or Agents of the Ontario Society for the Prevention of Cruelty to Animals /
inspecteurs ou agents de la Société de protection des animaux de l'Ontario)

Whereas, it appears on the information upon the oath of Mikaela McCormack
Attendu que, sur la foi de la déposition faite sous serment de Mikaela McCormack
(Name of Informant / nom du dénonciateur)

I am satisfied that there are reasonable grounds for believing that there is an animal in distress in the building or place located at
Je suis convaincu(e) qu'il existe des motifs raisonnables de croire qu'un animal en détresse se trouve dans le bâtiment ou lieu situé à/au

129 Sherbrooke Avenue, Unit #2, in the City of Ottawa, in the Province of Ontario

(Address / adresse)

hereinafter called the premises, / ci-après appelés « les lieux ».

This is therefore to authorize you, either alone or accompanied by one or more veterinarians or other persons as you consider
advisable, to enter between the hours of 7:00 A.M. and 8:59 P.M. into the said premises and to inspect the premises
and all animals found therein for the purpose of ascertaining whether there is any animal in distress.

Pour ces motifs, le présente a pour objet de vous autoriser, soit seul(e), soit accompagné(e) d'un ou de plusieurs vétérinaires ou autres
personnes, selon ce que vous jugez utile, à pénétrer entre les heures 7:00 AM and 8:59 P.M. de dans les lieux
susmentionnés, à les inspecter et à examiner tous les animaux qui s'y trouvent afin de déterminer s'il s'y trouve un animal en détresse.

This Warrant expires on the 13th day of August, 20 17

Ce mandat expire le 20

Dated at The Town of Neumartins 12th day of August, 20 17

Dcerné à (Time / heure) 20 à (Lieu)

at 9:05 P.M.

C. Dubé

C. J. Dubé
Justice of the Peace
Province of Ontario

Justice of the Peace in and for the Province of Ontario / Juge ou juge de paix de la province de l'Ontario

To the occupant: This warrant was issued by telecommunication. If you wish to know the basis on which it was issued, you may apply to the
clerk of the Ontario Court of Justice at OTTAWA to obtain a copy if the sworn information. You are entitled to obtain
from the clerk a copy of the report filed by the provincial offences officer who executes this warrant. The report will list the things, if any, that
were seized and state where they are being held.

À l'occupant : Le présent mandat a été décerné par télécommunication. Si vous souhaitez connaître les raisons pour lesquelles ce
mandat a été décerné, vous pouvez présenter une demande au greffier de la Cour de justice de l'Ontario à
en vue d'obtenir une copie de la dénonciation sous serment. Vous pouvez aussi obtenir auprès du greffier une copie du rapport déposé par
l'agent des infractions provinciales chargé de l'exécution du présent mandat. Le rapport donnera la liste des choses qui ont été saisies, le cas
échéant, et précisera l'endroit où elles sont conservées.



Ottawa Veterinary Hospital
900 Boyd Ave. Ottawa, On. K2A 2E3
613-725-1182
ottawa@vca.com

KELLY ST. GERMAIN (# 2180465)
129 SHERBROOKE AVE APT 2
OTTAWA, ON K1Y 1S1

Aug 23, 2017

**Invoice Number
273488**

LUCY (# LUCY)

Species: CANINE

Sex: Female Spayed

Age: 5 years old

Breed: ROTTWEILER

Coat Color: BLACK/BROWN

Weight: 24.3 kg.

Rabies Tag Number:

Bordetella:

DHPP:

Examination:

Heartworm:

Lepto:

Lyme:

Date	Code	Description	Qty	Price
08/23/2017	MCAM32IN	MELOXICAM 32ML 1.5MG/ML	1.00 32 ML BTL	\$ 66.01 ^{+tx}
	OC	CONSULTATION/EXAMINATION	1.00	\$ 84.07 ^{+tx}
	O	EMERGENCY SERVICE	1.00	\$ 0.00

Total for LUCY: \$ 150.08

Dr. M. Wallar

Total Products: \$ 150.08

HST # 804517811: \$ 19.51

Total Invoice: \$ 169.59

Cash \$ 169.59

Total Payments - Thank you: \$ 169.59

****Medications are non-refundable** We can safely dispose of them if needed.**

Services have been provided by The Ottawa & Bells Corners Veterinary Professional Corporation.

Monthly service charge of 2% on all overdue accounts.



Ottawa Veterinary Hospital
900 Boyd Avenue
Ottawa, ON
(613) 725-1182
08/25/2017

ST. GERMAIN, KELLY,

Acct Number: 2180465
Address.....: 129 SHERBROOKE AVE APT 2
OTTAWA, ON K1Y 1S1
Phone.....: H: (0) - W:(0) - ext:
Cell Phone.....: (613) 218-0465
Comments.....:

LUCY**Medical Alert:**

Sex.....: FS Weight.: 24.3 kg.
DOB.....: 08/23/2012 Age.....: 5 years old
Species...: CANINE Breed...: ROTTWEILER

Referring DVM: NO RDVM

Problem History:	Status:	Date Opened:	Date Closed:	Number:
suspected ACL RH	Open		08/24/2017	1

08/24/2017 **Problem#:** 1 suspected ACL RH **Open** **Provider:** Dr. M. Wallar

08/24/2017 **SOAP** **lame RH** **Provider:** Dr. M. Wallar

16:56:13

S: ~ 1 month ago was limping mildly on RH then got better
yesterday normal activity started limping and today non wt bearing RH
no hx of trauma

O: non wt bearing lame RH
toe touching at stand
m2 muscle atrophy RH but also m1 muscle loss LH
stifle swollen with loss of patellar tendon detail
+ve CT, m1 draw
no meniscal click
medial buttress
patella in place
coxofem jt norm
achilles complex norm
TT, metatarsus/phalanges naf
regional ln norm

A: consistent with ACL injury...suspect partial tear month ago and now complete tear

P: discussed at length

- ACL injury
- treatment types
- costs of treatment
- discussed no treatment vs brace vs sx
- handouts given

Tx

- rest 3 weeks
- meloxicam X32ml give 25 units once daily



Ottawa Veterinary Hospital
900 Boyd Avenue
Ottawa, ON
(613) 725-1182
08/25/2017

- sed+rads
- rec sx

08/23/2017

RX#: MELOXICAM 32ML
482560 **Con:** 1.5MG/ML

QTY: 1.00

Provider: Dr. M. Wallar

Give 25 units orally once daily. Can be given with food.

For any questions on LUCY's health, please call (613) 725-1182.



(/what-we-do/pet-adoption.html)

(https://ontariospca.ca/donations/report-form/donate.html?s_src=mainhomepage&s_src=html)

(/what-we-do/investigations/report-animal-cruelty.html)



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> The Ontario SPCA reminds the public to be on the lookout for injured dog in Ottawa



The Ontario SPCA reminds the public to be on the lookout for injured dog in Ottawa

FOR IMMEDIATE RELEASE - Ottawa, ON (August 24, 2017) – The Ontario SPCA continues to search for an injured dog in Ottawa and is asking the public to remain vigilant and report any sightings immediately to 310-SPCA (7722).

The dog is a black and tan Rottweiler that answers to Lucy. She may be wearing a red "service dog" vest. The dog has a swollen right hind leg and was having difficulty walking. The owner of the dog is a 28-year-old woman, approximately 5'4" and 170 lbs. She has long black hair and a piercing on her right eyebrow.

The pair was last seen on Tuesday, August 15 at around 6 p.m. at Brown's Inlet Park in the Glebe. The woman may also be travelling throughout the city without the dog and could be attempting to sell the dog on social media.

An Ontario SPCA officer attended a residence in Ottawa on August 10, 2017 after receiving a concern about the welfare of a dog. They located a thin Rottweiler-type dog that was not bearing weight on her right hind leg. Orders were issued under the Ontario SPCA Act to the dog's owner to have the animal examined by a veterinarian.

When the owner failed to comply with those Orders, a warrant was obtained to remove the dog from her care. The Ontario SPCA was unable to retrieve the dog from the owner, who refused to cooperate and fled with the animal.

"This dog requires immediate veterinary attention, which is why we're asking for the public's help to locate it," says Bonnie Bishop, Senior Inspector, Ontario SPCA. "If you see this dog, or see a woman matching the description of the dog's owner, please report it to us right away so we can get this dog the care it requires."

If you have any information about the location of the dog, or its owner, please contact 310-SPCA (7722) immediately

##

MEDIA CONTACT

Melissa Kosowan

Ontario SPCA

mkosowan@ospca.on.ca

[289-383-5968](tel:289-383-5968) (tel:289-383-5968)

Ontario SPCA and Humane Society:

Protecting animals since 1873, Ontario SPCA is Ontario's Animal Welfare organization. A registered charity comprised of close to 50 communities.

Since 1919, when Ontario's first Animal Welfare legislation was proclaimed, the Ontario SPCA, with the help of its Communities, has been entrusted to maintain and enforce Animal Welfare legislation. The Act provides Ontario SPCA Agents and Inspectors with police powers to do so.

Ontario SPCA provides leadership in animal welfare innovations including introducing high-volume spay/neuter services to Ontario and opening the Provincial Education and Animal Centre.

OntarioSPCA.ca

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Charitable Business Number 88969 1044 RR0002

OSPCA ANIMAL CENTRE LOCATOR MAP



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(http://www.ontariospca.ca/mediacentre/media-releases/1406.html...=2.56981352_371878149_1503712189-1061114109_1503712189)

ONTARIO SPCA

Ontario SPCA Provincial Office

16586 Woodbine Ave.

Stouffville, ON,

L4A 2W3

1-888-668-7722 (tel:1-888-668-7722)

info@ospca.on.ca (mailto:info@ospca.on.ca)

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